

Clinical Training Institution Application

Permit Application

- New Application
- Renewal Application for Permit No. _____

Section 1 – Organization Information

Name of Organization (DBA if applicable): _____

Location Address:	City:	State:	ZIP Code:
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Contact Name:	Contact Email:
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Mailing Address (if different from location address):	Area Code and Phone No.:
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Facility License No.:	Exempt Status:	No. of Qualified Credentialed Counselors on Staff:
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Section 2 – CTI Coordinator Information

Name of CTI Coordinator: _____

License Type and No.:	Title:
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- If you are not a licensed chemical dependency counselor, submit a copy of a license qualifying you as a qualified credentialed counselor under 25 TAC §140.400(38) with this form.

Section 3 – Description of Services Provided Where Interns Will Be Placed

Section 4 – Required Documentation

You must attach the following information to obtain approval.

- Criteria for admitting a counselor intern (CI) into your program in accordance with Texas Administrative Code Title 25 (25 TAC) §140.421(b):
- The criteria must include proof of an individual's CI registration with the Texas Health and Human Services Commission and a signed ethical agreement that is consistent with 25 TAC §140.423.
 - Include a copy of the ethical agreement form that a prospective CI would sign.
- Written outline of reading assignments and training activities based on Knowledge, Skills and Attitudes (KSA), broken down by each KSA dimension (refer to the Substance Abuse and Mental Health Services Administration's TAP 21).

Section 5 – Signature and Attestation

I attest that all the information contained in this registration application is true and correct and I shall abide by the rules for chemical dependency treatment facilities at 25 TAC, Chapter 448, and the rules for supervising CIs at 25 TAC §§140.409-140.410 and §§140.421-140.422.

CTI Coordinator Signature	Date
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Mail the application to:

Texas Health and Human Services Commission
Professional Licensing and Certification Unit – Clinical Training Institution (CTI)
 P.O. Box 149347, Mail Code 1982
 Austin, Texas 78714-9347

For questions, email lcdc@hhs.texas.gov.